

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

_____ (DSN Board/Provider Name)

STATEMENT OF CONTRACT AWARD

SOLICITATION NUMBER: _____

Solicitation Title: _____

Solicitation Issue Date: _____

Submission Deadline: _____

Award Date: _____

Name of Board/Provider: _____ intends to award contract(s) noted below. Unless otherwise suspended or canceled, this document becomes the final Statement of Award effective, 8:00 A.M., Date: _____. Unless otherwise provided in the solicitation, the final statement of award serves as acceptance of your offer.

AWARDS ARE MADE TO THE FOLLOWING:

Vendor: _____

Lot A/Total Price \$ _____

Start Date: _____

Total Potential Value: _____

Maximum Contract Period: _____

AWARD NOTES:

1. IF PREFERENCE CALCULATIONS DETERMINED THE LOWEST BIDDER, THEN YOU MUST STATE ON THE AWARD DOCUMENT: SC RESIDENT VENDOR PREFERENCES HAVE BEEN APPLIED TO THIS AWARD.
2. USING REGION WILL ISSUE ALL PURCHASE ORDERS FOR THIS CONTRACT.
3. REFER TO ORIGINAL SOLICITATION DOCUMENT FOR APPLICABLE OPTION TO EXTEND REQUIREMENTS.
4. TAX IS NOT INCLUDED IN THIS AWARD. APPLICABLE TAXES MAY BE ADDED TO INVOICE(S).
5. ANY ACTUAL BIDDER, OFFEROR, CONTRACTOR, OR SUBCONTRACTOR WHO IS AGGRIEVED IN CONNECTION WITH THE INTENDED AWARD OR AWARD OF A CONTRACT SHALL PROTEST WITHIN 10 CALENDAR DAYS OF THE DATE NOTIFICATION OF AWARD IS POSTED IN ACCORDANCE. A PROTEST SHALL BE IN WRITING, AND SHALL SET FORTH THE GROUNDS OF THE PROTEST AND THE RELIEF REQUESTED WITH ENOUGH PARTICULARITY TO GIVE NOTICE OF THE ISSUES TO BE DECIDED, AND MUST BE RECEIVED BY THE DSN BOARD OR PROVIDER WITHIN THE TIME PROVIDED.
6. QUOTES RECEIVED AT LESS THAN THAT OF AWARD WERE REJECTED AS THEY DID NOT MEET ADVERTISTED SPECIFICATIONS OR REQUESTED AND RECEIVED APPROVAL FOR THEIR QUOTE TO BE WITHDRAWN.